Ambulance Service

Critical Incident Stress Management

Committee

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Critical Incident Stress Management Committee

Constitution

February 2018

Review Date: February 2021

INTRODUCTION

The National Ambulance Service Critical Incident Stress Management Committee (NASCISMC) of the National Ambulance Service was formed from a partnership approach to managing the Critical Incident Stresses that may arise in the delivery of command and control functions, leadership and management roles, emergency and routine pre-hospital care. These partners are;

- National Ambulance Service College
- National Ambulance Service Leadership Team and Service Managers
- Staff representative bodies
- HSE Employee Assistance and Counselling Service (EACS)

The Committee has adopted this Constitution for the regulation of its business, on the date of signature identified below.

1. Functions of the Committee

1.1 Oversee the operations of the Critical Incident Stress Management Programme.

1.2 The Committee acknowledges the legislative responsibility of NAS Management in identifying risk within the organisation. The Committee will work to support NAS Leadership team (NASLT) in carrying out analysis and identification of the risk factors arising within the National Ambulance Service, as a result of Critical Incident Stress and its contributing factors.

1.3 In collaboration with the NASLT and NASC the Committee will design programmes, processes and procedures to enable the National Ambulance Service to manage these risks as effectively as possible.

1.4 To implement training programmes, policy documents, commission research and other actions that address specific risks (i.e. Work Positive[CI]).

1.5 Carry out evaluation of all CISM programmes, processes and procedures to ensure that they meet organisational and individual needs.

1.6 Ensure that the NASCISM Programme is operating within the principles of best practice.

1.7 The Committee will hold and maintain an up to date database of all PSWs nationally and per region (signed up to the NAS CISM Code of Conduct, see Appendix 1).

1.8 The Committee will endeavour to provide guidance on Activation of CISM within the NAS (see Appendix 2: NEOC Activation of CISM)

2. Membership

2.1 The Committee shall normally consist of 13 members.

2.2 The Committee will elect the following officers:

- Joint Chairpersons (One from NAS Leadership Team and one from Staff Representative Body)
- Secretary

2.3 The term of membership will normally be five years and may be extended in exceptional circumstances.

2.4 The following will be the membership of the NASCISMC

- One Clinical Psychologist
- Occupational Health Physician (with experience of addressing staff stress)
- Representative from Employee Assistance Programme
- Health Promotion Professional
- HR nominee
- NAS Quality Risk and Safety Manager
- Two management members to include rep from NASC
- 4 x PSW coordinators* (3 regions and NEOC)
- 2 x staff representatives

The Committee shall have the power to co-opt an additional two members as may be appropriate.

**If PSW Coordinators are unable to attend a Committee meeting, they must appoint their Deputy Coordinator to attend the meeting in their absence.*

3. Vacancies

3.1 The proceedings of the NASCISMC shall not be invalidated by any vacancy, or vacancies, among its members.

4. Secretariat

4.1 The secretariat for the committee will be normally provided by the National Ambulance Service College. Coopted assistance may be utilised as demanded by needs.

5. Meetings

Frequency of ordinary meetings

5.1 Annually, a minimum of four meetings will be held. Additional meetings will be held as circumstances demand.

5.2 Teleconferencing may be utilised as appropriate.

5.3 The venue of NASCISMC meetings will ordinarily be the National Ambulance Service College.

5.4 The agenda will be approved by the Chairperson(s) of the NASCISMC and then forwarded to members of the Committee through the National Ambulance Service College. Any issues that Committee members wish to have included in the agenda should be forwarded a minimum of one week prior to the meeting.

5.5 The accidental omission to give notice of any meeting to, or the non-receipt of the notice by, any person shall not invalidate the proceedings at any meeting.

5.6 The agenda will normally be drafted by the Secretary and approved by the Chairperson(s) prior to circulation to all Committee members, with the notice of meeting.

Special meetings

5.7 The Chairperson(s) may call for the holding of a meeting if an issue requires urgent attention or for any other purpose.

6. Observers

6.1 The NASCISMC may approve observers to attend such meetings as it shall decide. Observers may be permitted to address a meeting or contribute to debate, with the permission of the Chairperson(s). Observers will not be afforded the right to vote.

7. Calling of Meetings and Business at Meetings

7.1 The Chairperson(s) of the NASCISMC may call a meeting of the Committee and in doing so shall specify the business to be transacted at the meeting.

7.2 Members will normally be notified of meetings by email. This notice, which will state the business to be conducted there, will ordinarily be issued seven days in advance of the meeting.

7.3 The Chairperson(s) of the Committee may call a meeting at short notice for any matter of urgency. Written notice will not be required for an urgent meeting of this sort. Normal Standing Orders for meetings will apply in such circumstances.

7.4 Where the Committee considers it has had insufficient time to fully consider a matter on the agenda it may decide to defer a decision until a specified subsequent meeting.

8. Chairing of Meetings

At a meeting of the CISMC;

8.1 The Chairperson(s) of the Committee shall, if present, be Chairperson(s) of the meeting.

8.2 The Chairperson(s) may, in their absence, appoint one of the Committee members to act as Chairperson for a specific meeting, if the 2nd Joint Chairperson is unavailable.

8.3 In the absence of both Joint Chair(s) the members present may elect one of their number to chair the meeting.

Chairing sub-committee meetings

8.4 The Committee may appoint any of its members to chair a sub-committee.

8.5 The Committee may appoint non-Committee members as members of sub-committees.

Powers of chairperson in relation to the conduct of a meeting

8.6 The decision of the Chair(s) on the interpretation of these Standing Orders, shall be final.

9. Quorum

9.1 A Quorum for each NAS CISM Committee Meeting will be 4 members.

9.2 If, within half an hour after the time appointed for the meeting a quorum is not present, the meeting, shall stand adjourned. An adjourned meeting will be rescheduled for a time and date allowing at least one working day to pass.

10. Minutes

10.1 Minutes of each NASCISMC meeting will be recorded.

10.2 Draft Minutes of the previous meeting will be circulated with the Agenda and will be formally adopted at the following meeting.

10.3 Minutes will be signed electronically by the Joint Chairpersons or one other member.

10.4 Minutes of all meetings will be electronically filed/retained by the Secretary at the National Ambulance Services College in an electronic file designated for that purpose.

11. Tri-Annual Reports

11.1 The NASCISMC will publish a Report tri-annually.

11.2 The Tri-Annual Report will be prepared for submission to the Committee for scrutiny and approval, before the 28th of March every 3rd year.

11.3 With the approval of the Committee, the Tri-Annual Report will be submitted to the NAS Leadership Team (LT) of the Health Service Executive and made available on the NAS website.

11.4 The Tri-Annual Report will outline the activities of the NASCISMC under the following headings;

- Operational activity
- Development of operational initiatives
- Training activity
- Development of course curricula
- Any other issues

12. Inspection of documents

12.1 A Committee member may request to review approved documents to the Joint Chair(s), for the purposes of his or her duty, and if copies are available shall, on request, be supplied with a copy.

12.2 All minutes kept by the NASCISMC and by any sub-committee shall be open for the inspection of any member of the Committee.

13. Action/Service Plan

13.1 The NASCISMC Action/Service Plan will be prepared and presented to the Committee by the Chairperson(s), for approval.

13.2 On approval by the NASCISMC, this plan will be submitted to the NASLT.

14. Operation of sub-committees

14.1 Sub-committees may be selected by the NASCISMC to complete specific projects. At the time of establishment of a sub-committee the task, function, responsibility, terms of reference and duration of existence will be decided by the Committee.

14.2 Membership of the sub-committees will not be exclusive to Committee members. Persons with specific specialities may be invited to join a sub-committee for a specific task or period of time.
14.3 The general rules of the Committee will apply to the operation of any of its sub-committees.

15. Strategic Planning

15.1 Through examination of the health care environment and through research the Committee shall ensure that its operations are in line with current best practice in both clinical and educational issues.
15.2 The Committee will implement a five year strategic plan which will describe the aims and objectives of the NASCISMC.
15.3 The strategic plan once developed and approved by the Committee, will be submitted to the NASLT.
15.4 The strategic plan will be reviewed, and developed as necessary. A review date within eighteen months of the conclusion date of the Strategic Plan will be decided by the Committee.

16. Relationships with other health providers

16.1 Relationships with the National Ambulance Service will be nurtured and developed as a primary function of the Committee.
16.2 The Committee will maintain an effective relationship with the National Ambulance Services College, who will provide the Committee with administrative and training support where such activities are reflected in the NAS Education and Competency Assurance Plan.
16.3 The CISM Elearning module will be a mandatory requirement for all NAS CISM training. (under ECAT?)
16.4 The Committee shall examine the environment and develop relevant relationships with individuals and/or organisations involved in clinical or educational issues, whose aims are reflective of the Committee's aims.
16.5 The Committee will ensure that it supports the development and delivery of the Critical Incident Stress Management agenda, aligned with best practice principles.

17. Communication

17.1 The Committee will communicate its mission and values according to the key stakeholders within the health care sector.
17.2 Establishment of effective channels of communication, both within the Committee and external of it, shall be a priority of the Committee (to all NAS Staff including all PSWs/CISM teams) and will include events such as bi-annual workshops/seminars etc.
17.3 Recognition of the voluntary work of the PSWs will be achieved through biennial Regional awards through nomination from their peers.
17.4 Any public communication will be authorised by the Chair person(s) or in their absence by the Committee, prior to its release to the media.

17.5 In the event of any public communication relating to HSE funds or services the Committee will liaise with and agree such communications with the HSE Press Officer prior to releasing communications.

18. Review of the Constitution

18.1 This Constitution shall continue in force until altered amended or repealed as part of the scheduled review process or following a decision by the NASCISMC.

18.2 This Constitution will be reviewed every five years or on the recommendation of the Committee.

19. Conflict of Interest

19.1 In the event of a conflict of interest arising, for whatever reasons, members are expected to declare these and to absent themselves from any deliberations on the matter concerned. Template forms requiring signature to declare Conflict of Interest will be available for members of the Committee, should the need arise.

20. Confidentiality

20.1 Reports, discussions and documents issued to members in relation to internal Committee matters must be treated as confidential until such time as the Committee has had an opportunity to discuss their contents and make decisions on any proposals contained therein. Confidentiality clause to be signed by members on an annual basis.

20.2 All materials developed by the Committee are copyright to the ©NAS CISM Committee. Unauthorized use or duplication of any material without express and written permission from NAS CISM Committee is strictly prohibited. Excerpts and links may be used, provided that full and clear credit is given to NAS CISM Committee with appropriate and specific direction to the original content.

Signed (On behalf of the Committee):

Joint Chairperson **Joint Chairperson**

Date: 14th February 2018

Appendix 1:

NAS CISM PEER SUPPORT WORKER - CODE OF CONDUCT

April 2016

Purpose

The Code of Conduct aims to provide Peer Supporter Workers (PSW) in NAS CISM teams with guidance in relation to the conduct and behaviour of PSW.

Introduction - ***The NAS CISM Mission Statement***

To create a partnership in support of the emotional well-being of National Ambulance Service (NAS) staff, by means of providing, co-ordinating, researching and monitoring the integrated implementation of a CISM system.
In pursuing its goals the CISM System provides a Peer Support Programme to support NAS personnel through informal, confidential contact by peers who have been appropriately trained for this role.

The following Code of Conduct is designed to allow the Program to preserve its reputation of integrity and credibility within the HSE/NAS.

- The Code is to be used as a reference tool.
- It will be useful in making decisions relating to Peer Supporter work.
- It will help in identifying acceptable behaviour, making fair minded decisions, and in developing a positive culture within and about the Peer Support Program.

A PSW acting inconsistently with the Code may be required to show that his or her behaviour was not unethical or inappropriate. Violation of the Code is a serious matter and may result in corrective or disciplinary action by the HSE NAS and/or the CISM Clinical Director.

Practice Standards

- PSWs will deliver services with integrity, sensitivity, respect and confidentiality.
- PSWs occupy a position of trust with service users and shall act at all times to preserve that trust.
- PSWs must ensure that their conduct as a Peer Supporter and as an NAS staff member is of the highest standard at all times, regardless of whether they are acting in an official Peer Support capacity.

This Code of Conduct is in addition to the HSE Dignity at work policy and the HSE NAS Policy – Operation of the Critical Incident Stress Management System Document reference no. NASWS004 and this Code of Conduct must be adhered to at all times.

Confidentiality
Confidentiality is a critical component of any Peer Support program and should be respected at all times. However, limited exceptions to confidentiality apply. These include: threats of harm to self or others, disclosure of criminal activity or serious misconduct, or when legal requirements dictate (e.g. investigations). These concerns must always be discussed with the CISM Regional Coordinator prior to any breach of confidentiality (see below for more details).

Service
In provision of quality services, Peer Supporters agree to:

- Undertake their role without bias, prejudice or favouritism.
- Remain neutral in their NAS CISM role, adopting an impartial stance on controversial issues and not engaging in gossip or slander.
- Not receive private fees, gratuities or other remuneration for work performed as a Peer Supporter. Any form of payment or gratuity offered must be reported to the Regional Coordinator.

Accountability & Competency
To ensure accountability to all stakeholders, Peer Supporters agree to:

- Comply with all training and supervision requirements or orientation provided by the NAS CISM Program, or on its behalf.
- Adhere to all policies and procedures of the NAS CISM Program (HSE Dignity at Work; HSE NASWS004 NAS Policy – Operation of the Critical Incident Stress Management System Document reference no. NASWS004).
- Ensure that they do not exceed the authority of their position.
- Not misrepresent their competence, qualifications, training or experience within or external to the NAS.
- Refrain from offering advice or undertaking work beyond their competence/training or external to the NAS, with the exception of provision of support to other agencies under extreme conditions such as mass casualty incidents etc.
- Refrain from any act that would bring the NAS CISM Peer Support Programs into disrepute.

Conflict Of Interest
To ensure professional responsibilities are adequately met, Peer Supporters agree to:

- Not enter into any intimate or otherwise non-professional relationship with a Service user nor behave in a manner that could be perceived by others as inappropriate in nature.
- Discuss any potential conflict of interest with their Regional Coordinator or the Clinical Director immediately.

Confidentiality
To ensure confidentiality is maintained, Peer Supporters agree to:

- Respect the confidentiality of information disclosed to them by individuals who seek their assistance, formally or informally.

- Disclose information only under the following circumstances:
  - Consent is provided by the person seeking support
  - Where a subpoena for information is received through legal channels (if required by legislation)
  - Where there is known or suspected criminal activity, or serious misconduct
  - Where there are threats of harm to self or others

- Any of the above exemptions concerning a breach of confidentiality MUST be discussed with the Clinical Director immediately and whenever possible before breaching confidentiality. The Clinical Directors approval is mandatory before breaking confidentiality except in the case of imminent potential harm to someone.

- Peer Supporters must inform their clients of the limits of confidentiality before carrying out Peer Support duties.

Summary

Strict observance of the Code is fundamental to the activity and reputation of the NAS CISM/Peer Support Program. It is essential all Peer Supporters adhere to this Code. All current Peer Supporters, ***through signing the Peer Support agreement***, have agreed to read and abide by this Code of Conduct.

It is the responsibility of the Clinical Director and Regional PSW Coordinator to ensure all Peer Supporters fully understand and adhere to this Code of Conduct through ongoing training and supervision. Any suspected breaches of the Code should be reported to the relevant CISM Regional Coordinator or Clinical Director for appropriate action.

Documentation for each PSW to sign here:

PSW Name _____

PSW Signature _____

CISM/NAS Region _____

Station Address _____

Date _____

**Revised and modified from Emergency Management Queensland Embrace Programme*

NATIONAL AMBULANCE SERVICE
CRITICAL INCIDENT STRESS MANAGEMENT ACTIVATION PROCEDURE

1. Criteria

- Nature of event
- Impact on staff member
- A request is made for CISM support

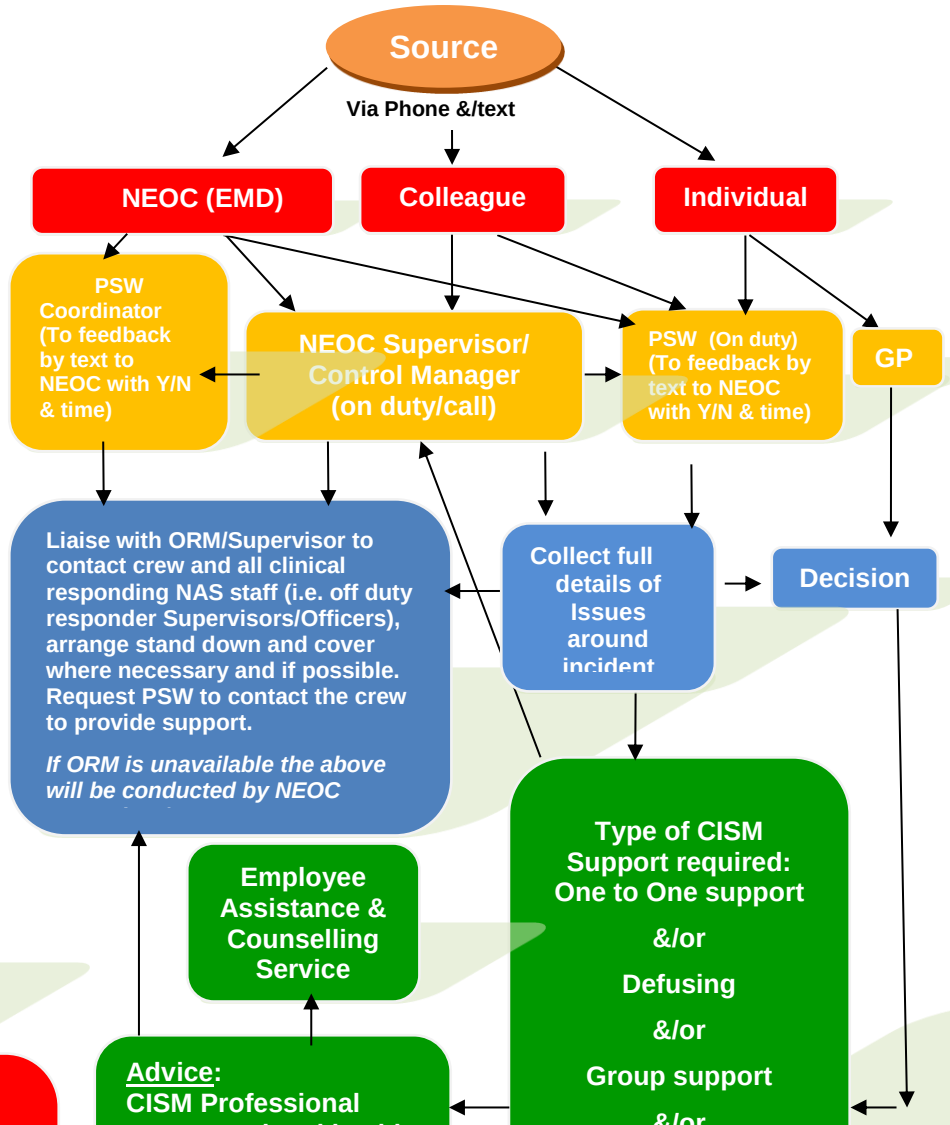
2A. Nature of event

- Death or serious injury to an infant/child*
- Death/injury of a colleague/relative or person known to the crew members
- Suicide incidents
- Serious/grotesque mutilation of patients
- Physical/verbal assault when on duty
- Spent an long time with a patient requiring high level/complex care - e.g. patient entrapment.
- Significant equipment malfunction with negative impact on patient care

2B. Impact

- Listening to Staff Member for signs of stress
- Connection with recent personal event
- Judgement decision by the Staff Member based on verbal/non-verbal signs and other information

**Includes physical or sexual abuse of a child or serious neglect*



Peer Support Workers

List of individuals PSWs per region *(attached as appendix)*

Contacts:
Mental Health Professional and/or Peer Support Co-ordinator
List individual co-ordinators per region
& or
Employee Assistance & Counselling Service
List names and numbers per region
(Attached as appendix)

All contacts between Managers and Peer Support Workers including the number and nature of contacts should be notified to a Peer Support Co-ordinator on a quarterly basis

Please note that this process **is voluntary**. Personnel should be offered these services but are fully entitled to reject any support offered. Staff may utilise, in confidence, any Peer Support Worker.

Guidance on activation

- The National Ambulance Service staff will inevitably witness a high number of Critical incidents as part of their operational role.
- CISM will not be necessary for ***every single*** Critical incident however it is well documented that within the emergency service roles, certain critical incidents (see primary Critical Incidents listed below) and certain secondary related stressors can cause more distress such as repeated exposures over a short period of time or Knowing the patient personally (see list below in secondary CI related stressors).
- Therefore CISM should be activated on the judgement of the NEOC EMD and/or Control Manager based on the following criteria:
  2A. The nature of the event (type of CI - Primary)
  2B. Impact on the staff member
  - Listening to Staff Member for signs of stress
  - Connection with Secondary CI list or with recent personal event
  - Judgement decision by Staff Member based on verbal/nonverbal signs and other information
  - A request is made for CISM support

Primary Critical Incidents
1a). Witnessed[1] suffering and injury[2] to an adult patient
1b). Witnessed death to an adult patient
2a). Witnessed suffering or serious injury to a child patient
2b). Witnessed Death to a child patient (e.g. Sudden infant death syndrome - SIDS)
3a). Witnessing Line of work/duty serious injury to a colleague
3b). Witnessing Line of work/duty death to a colleague
4). Events with extreme threat to personal safety {Physical or verbal assault/attacked while on duty/work}
5). Witnessing events with extreme threat to the safety of others in the line of one's work/duty
6). Attended a particularly disturbing suicide or a number of suicides
7). Involvement in disaster work[3]
8). Involved in an adverse event[4]
Secondary Critical Incident Related Stressors
a) Knowing the patient personally
b) Significant "hands on" contact with human remains {e.g. a severely burned individual or dismembered /badly decomposed body}
c) Spent an unusually long period of time[5] with a patient
d) The incident involved high media coverage

Definitions/Footnotes

1. Witnessed – to see/hear (a critical incident), or know by personal presence and perception.

2. Injury – Definition includes any disease and any impairment of a person's physical or mental condition, including minor injuries. Bodily injury includes accidental bodily injury, death, disease, illness, mental injury, mental anguish or shock.

3. A disaster is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources. Though often caused by nature, disasters can have human origins: International Federation of Red Cross and Red Crescent Societies (IFRC) www.ifrc.org (accessed 1st April 2014)

4. An adverse event is an incident where a patient had an unexpected outcome due to unforeseen circumstances or due to an error in the delivery of their care.

5. An unusually long period of time – spent longer than normal or necessary at scene with a patient due to circumstances out of your control.